

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. _____

FILED JUN 3 1943

Registration District No. 128

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County Green
(b) City or town Springfield Mo.
(c) Name of hospital or institution 515 W. Nicholas St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Tom Delisle

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race W.

6. (a) Single, widowed, married Married

6. (b) Name of husband or wife Ida M. Delisle

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased May 24 1907
(Month) (Day) (Year)

8. AGE: Years 35 Months 11 Days 20 If less than one day hr. min.

9. Birthplace Ozark Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business J. L. Delisle

12. Name J. L. Delisle

13. Birthplace Unknown Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Jane Melton

15. Birthplace Unknown Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant J. L. Delisle

(b) Address Ozark Mo.

17. (a) Buried (b) Date thereof May 16 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Cemetery

18. (a) Signature of funeral director T. B. Chubb

(b) Address Ozark Mo.

19. (a) 5-17-43 (b) O. V. Handley
(Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian
(c) City or town Ozark
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May, day 14, year 1943 hour 2:50 minute P.M.

21. I hereby certify that I attended the deceased from 5-13 to 5-14, 1943.

that I last saw him alive on 5-14, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema

Due to Acute alcoholism

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 17C

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury 5

23. Signature Garrett Hagg (M. D. or other) _____

Address 510 Woodruff Bldg Date signed 5-17-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 25 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

T. B. Chaffin

Licensed Embalmer No.

2192

P. O. Address.....

Ozark, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

X